

Case Number:	CM13-0055035		
Date Assigned:	12/30/2013	Date of Injury:	04/24/2004
Decision Date:	04/03/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	11/20/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pain Management, has a subspecialty in Disability Evaluation, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 44-year-old female who sustained a work-related injury on 4/24/04. She injured her right shoulder, neck, back, and right knee. An evaluation on 11/5/13 revealed that she still has pain in her right shoulder, right elbow, right knee, lumbar pain, and varied paresthesias. On examination, she had tender lumbar spine, right knee and patellar region. The patient had reduced motor power and sensations. She was diagnosed with right cervical radiculopathy, right scapulothoracic syndrome, and right knee chronic sprain/strain. Previous treatments consisted of activity modifications, chiropractic, physiotherapy, medications, and trigger point injections.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Topical compounds: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: According to guidelines, topical analgesics are considered largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Any compounded product that

contains at least one drug (or drug class) that is not recommended is not recommended. Topical lidocaine is only FDA approved in the formulation of a dermal patch (Lidoderm). Review of the clinical records does not demonstrate that the patient is intolerant to more standard medical treatment, namely oral medications. The patient indicated prescribed medications which included Neurontin were providing relief of pain. Hence topical compounds are not medically necessary. The request is noncertified.

Genetic testing for narcotic risk: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The California MTUS is mute on genetic testing. The Official Disability Guidelines state that genetic testing for potential opioid abuse is not recommended. While there appears to be a strong genetic component to addictive behavior, current research is experimental in terms of testing for this. Studies are inconsistent, with inadequate statistics and large phenotype range. Different studies use different criteria for definition of controls. More work is needed to verify the role of variants suggested to be associated with addiction and for clearer understanding of their role in different populations. Therefore, the request is noncertified.

H-Wave unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-118. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: Guidelines do not recommend H-Wave stimulation as an isolated intervention. A one-month home-based trial of H-Wave stimulation may be considered as a noninvasive conservative option for diabetic neuropathic pain or chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration, and only following failure of initially recommended conservative care. This includes recommended physical therapy and medications, plus transcutaneous electrical nerve stimulation (TENS). Guidelines further stated that the criteria include pain of at least three months duration, evidence that other appropriate pain modalities have been tried and failed, documented one-month trial period of the TENS unit with other pain treatment, and a treatment plan, including specific goals of treatment. In this case the documentation provided did not indicate that the patient has fulfilled the criteria for an H-Wave unit. Therefore, the request is noncertified.